



Chris Swope

Lansing City Clerk

Massage Therapist License Application (Exempt From Health Code Ordinance)

(City Codified Ordinances – Chapter 822.01 – 822.99)

<http://mi-lansing.civicplus.com/171/Business-Licenses>

Applicant Checklist: (Ensure All Items Completed)

Payment: ☐

Treasury Form Completed: ☐

Notarization can be done
in City Clerk's office.

Notarized: ☐

Application Completed: ☐

ANNUAL NON-REFUNDABLE LICENSE FEE: \$300.00

I, _____ do hereby make application for an exemption as a
massage therapist pursuant to Chapter 822, and submit the following information:

Business Name		Business Phone Number	
Business Address	City	State, Zip	
Business Owner		Owner Phone Number	
Owner Address	City	State, Zip	
Owner Email Address			

Lansing City Clerk's Office
Ninth Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933-1695
517-483-4131 • 517-377-0068 FAX
www.lansingmi.gov/clerk • city.clerk@lansing.mi.gov

Same as above:

☐

Applicant Name		Applicant Phone Number
Applicant Address	City	State, Zip
Applicant Email Address		

PRIOR CONVICTIONS: Have you ever been convicted of a felony or misdemeanor (other than traffic offenses)? () Yes () No; If Yes, identify the nature of the offense, when it occurred, and where it occurred:

PRIOR LAW SUITS: Have you, or any business owned by you, or for whom you were employed, ever been sued for operating or maintaining a nuisance (operating illegally?) () Yes () No; If Yes, identify when this occurred, where this occurred and the outcome:

AMERICAN MASSAGE THERAPY ASSOCIATION: Are you currently a member in good standing in the AMTA? () Yes () NO; If Yes, attach documentary evidence of your membership. **MASSAGE TRAINING:** Have you completed a comprehensive course of study in massage therapy at an AMTA-approved school or at a school established by legislative enactments of the State Board of Education? () Yes () No If Yes, identify the institution, number of hours of instruction received, type of training, and the dates of attendance. Attach documentary evidence.

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EQUIPMENT: Identify the equipment to be installed to ready premises for this business:

AUTHORIZATION AND RELEASE: By signing this application, I hereby authorize any person, institution, or agency to provide information requested by the City bearing on my qualifications and fitness and **I RELEASE ALL LIABILITY** in connection therewith.

FALSIFICATION: I acknowledge by signing this application that knowing falsification shall be justification for denial of an exemption or revocation if already approved.

Signature

Date

AS TO VERIFICATION OF APPLICANT'S STATEMENTS AS TO FELONY AND MISDEMEANOR CONVICTIONS ONLY:

Police Department

Date

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NOTARY USE ONLY

Subscribed and sworn to before me by _____ on this
day (MM/DD/YYYY) _____, acting in the County of _____,
Michigan.

Signature of Notary _____

Printed Name of Notary _____

County of Notary Commission _____

Commission Expiration Date _____

OFFICIAL USE

Amount paid: _____

Date paid: _____

License #: _____

CITY TREASURER * INCOME TAX DIVISION
(517) 483-4121 (517) 483-4114

1ST Floor – City Hall

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VIRG BERNERO, MAYOR

LANSING TREASURY INFORMATION REQUEST

Complete a separate form for each individual subject to verification

Applicant/Employee Information

Name: _____

Home Address: _____

_____ Since _____

Daytime Phone Number: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Employer/Business Information

Corporate Name: _____

Doing Business As: _____

Address: _____

Business Phone #: _____

Federal Employer Identification #: _____

Do you, or any of these businesses, owe the City money for any reason? Yes ____ No ____

If Yes, for what reason? _____

Name of any other Lansing area business in which your ownership participation exceeds 25% _____

Signature

Date

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